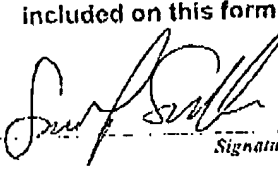


CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No. PO0920010018US1	
Applicant(s): THOMAS L. GINDIN ET AL.				
Application No. 09/862,797	Filing Date 05/22/2001	Examiner L. SON	Group Art Unit 2135	
Invention: PASSWORD EXPOSURE ELIMINATION FOR DIGITAL SIGNATURE COUPLING WITH A HOST IDENTITY				
RECEIVED CENTRAL FAX CENTER MAR 15 2005				
<p>I hereby certify that this _____ <u>Transmittal and Amendment</u> _____ (Identify type of correspondence)</p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. 703-872-9306)</p> <p>on <u>03/15/2005</u> (Date)</p> <p style="text-align: right;"><u>Jessica J. Huston</u> (Typed or Printed Name of Person Signing Certificate)</p> <p style="text-align: right;"><u>Jessica J. Huston</u> (Signature)</p> <p style="text-align: center;">Note: Each paper must have its own certificate of mailing.</p>				

P12/REV02

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. POU920010018US1	
Applicant(s): THOMAS L. GINDIN ET AL.						
Application No. 09/862,797	Filing Date 05/22/2001	Examiner L. SON	Customer No. 46429	Group Art Unit 2135	Confirmation No. 1174	
Invention: PASSWORD EXPOSURE ELIMINATION FOR DIGITAL SIGNATURE COUPLING WITH A HOST IDENTITY						
COMMISSIONER FOR PATENTS:						
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	24	21	3	x \$50.00	\$150.00	
INDEP. CLAIMS	3	3	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$150.00	
<input type="checkbox"/> No additional fee is required for amendment. <input checked="" type="checkbox"/> Please charge Deposit Account No. 09-0463 in the amount of \$150.00 <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 09-0463 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 _____ Signature			Dated: March 15, 2005			
Sean F. Sullivan Reg. No. 38,328 Cantor Colburn LLP 55 Griffin Road South Bloomfield, CT 06002 860-286-2929			<div style="border: 1px solid black; padding: 5px;"> I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ _____ (Date) _____ Signature of Person Mailing Correspondence _____ Typed or Printed Name of Person Mailing Correspondence </div>			
CC:						

P11LAKOE/REV09

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Applicant:	THOMAS L. GINDIN, ET AL.)	
)	Group Art Unit: 2135
Serial No.:	09/862,797)	
)	
Filed:	May 22, 2001)	Examiner: Son, L.
)	
For:	PASSWORD EXPOSURE ELIMINATION)	
	FOR DIGITAL SIGNATURE COUPLING)	Confirmation No.: 1174
	WITH A HOST IDENTITY)	

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

In response to the Office Action mailed December 21, 2004, please amend the
Application as follows: